

Please type a plus sign (+) inside this box

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.: CS23123US
		First Inventor: SACHER, HEIKO K.
		Title: ELECTRONIC DEVICE AND USER INTERFACE AND INPUT METHOD THEREFOR
		Express Mail Label No.: EL 962736863 US

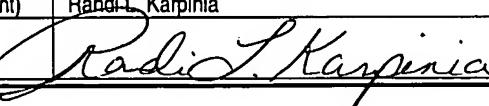
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>Assistant Commissioner for Patents ADDRESS TO:</b> Box Patent Application Washington, D.C. 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [ Total Pages 33 ] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&amp;D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets 18 ]</p> <p>5. Oath or Declaration [ Total Pages ]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation   <input type="checkbox"/> Divisional   <input type="checkbox"/> Continuation-in- Part (CIP)   of Prior Appl. No. _____    Prior Appl. information:   <input type="checkbox"/> Examiner: _____   <input type="checkbox"/> Group/Art Unit: _____</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper</p> <p>c. <input type="checkbox"/> Statements verifying identify of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement   <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449   <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____</p>	

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>*24273*</b>		<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City			State	Zip Code	
Country	U.S.A.	Telephone	(954) 723-6449	Fax	(954) 723-5599
Name	Randi L. Karpinia		Registration Number (Attorney/Agent)		46,148
SIGNATURE	<i>Randi L. Karpinia</i>		Date	11/21/03	

222387 US PTO  
10/7/19576

<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application No.	
		Filing Date	
		First Named Inventor	SACHER, HEIKO K.
		Examiner Name	
		Group Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 1086.00</b>	Attorney Docket No.	CS23123US

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																					
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ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late Provisional filing</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2520</td> <td>1812</td> <td>2520</td> <td>For filing a request for ex parte Reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1840*</td> <td>1805</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within 1st month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>200</td> <td>Extension for reply within 2nd month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>460</td> <td>Extension for reply within 3rd month</td> <td></td> </tr> <tr> <td>1254</td> <td>1450</td> <td>2254</td> <td>720</td> <td>Extension for reply within 4th month</td> <td></td> </tr> <tr> <td>1255</td> <td>1970</td> <td>2255</td> <td>980</td> <td>Extension for reply within 5th month</td> <td></td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1504</td> <td></td> <td>1504</td> <td></td> <td>Publication fee for early, voluntary, or normal publication</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1505</td> <td>300</td> <td>1505</td> <td>300</td> <td>Publication fee for republication</td> <td></td> </tr> <tr> <td>1451</td> <td>1510</td> <td>1451</td> <td>1510</td> <td>Petition to institute a public us proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print)	Randi L. Karpinia	Registration No. (Attorney/Agent)	46,148
Signature		Telephone:	(954) 723-6449
		Date	11/21/03